



TENNESSEE REGULATORY AUTHORITY

460 James Robertson Parkway
Nashville TN 37243-0505

REV-PS0376

TELEPHONE SOLICITOR REGISTRATION APPLICATION

Application is hereby made to obtain access to the Tennessee "Do Not Call Register" pursuant to TRA Rule 1220-4-11-. 04. Please print or type the information requested below.

A. General Information:

1. Name of Your Company:

Legal name of corporation, partnership, or proprietorship for which application is made.

Business or individual name used when contacting the public.

2. This registration is for : _____ Standard Registration _____ Principal Solicitor (*mark one with X*)

3. Federal Taxpayer ID Number or Social Security Number of Applicant

4. Name and telephone number of representative authorized to respond to notices of alleged violations and inquiries from the TRA.

NAME OF REPRESENTATIVE (_____) _____
TELEPHONE NUMBER
(_____) _____
FAX NUMBER

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

5. List any trade name(s), assumed name(s) or fictitious name(s) used by applicant:

6. Complete street address of the principal location from which you will operate and where business records, including "Do Not Call Register" and call records are located:

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

7. Is applicant utilizing ADADs or predictive dialers for calls originating or terminating in Tennessee?
YES _____ **NO** _____ (*mark one with X*)

8. Provide the telephone number(s) for responding to inquiries relative to the telephone solicitation during hours when telephone solicitations are being made.

TOLL-FREE (_____) _____ - _____

9. Mailing address that consumers can write to report problems regarding telephone solicitations.

STREET ADDRESS

CITY

STATE

ZIP CODE

10. Provide the name, address and phone number of the registered agent for service of process.

NAME

ADDRESS

CITY

STATE

ZIP CODE

(_____) _____
PHONE NUMBER

11. On a separate sheet of paper marked as supplement attachment 2, list the name, address and telephone number of all subsidiaries and affiliate companies associated with your company which will have access to your Do Not Call Register. An affiliate company is one that your company effectively controls because of its ownership interest. A subsidiary company is one as to which your company owns more than 50% of the shares.
12. If you marked Principal Solicitor on line A2, submit supplemental attachment 1 with this application.

B. Fee:

1. If you marked standard registration on line A2, mail the completed application along with any attachments including a certified cashiers check or money order for \$500.00 to: Tennessee Regulatory Authority, Attn: DO NOT CALL REGISTER, PO BOX 198907, Nashville TN 37219-8907.
2. If you marked Principal Solicitor on line A2 mail the completed application including a certified cashier check or money order for \$1,000.00 and \$50.00 for each independent solicitor listed on the supplemental attachment 1, and any additional attachments to: Tennessee Regulatory Authority, Attn: DO NOT CALL REGISTER, PO BOX 198907, Nashville TN 37219-8907.

C. Do Not Call Register Delivery

1. The Do Not Call Register file will be sent electronically at the beginning of each month via e-mail. Please provide your primary and alternate E-mail address to receive the Do Not Call Register File.

Email Address 1 _____ Email Address 2 _____

D. Compliance Statement:

The Tennessee "Do Not Call Register" telephone solicitor applicant, hereby, affirms the following:

I/We will comply with the Tennessee Regulatory Authority's ("TRA") Rules and Regulations Chapter 1220-4-11 and all other applicable state laws, including but not limited to T.C.A. Section 65-4-401 et seq.

I/We will notify the Tennessee Regulatory Authority within thirty (30) days of any material change relative to this application or the information contained therein.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this APPLICATION and all attachments are true and correct to the best of my knowledge and belief.

_____	_____ SIGNATURE
_____ NAME OF APPLICANT-COMPANY NAME	_____ PRINTED NAME
	_____ TITLE

Subscribed and sworn to or affirmed before me, this _____ day of _____, _____, known to be the person named in, and who executed the foregoing Application.

DAY MONTH YEAR

My commission expires on _____.

Signature of Notary or Authorized Official

Seal

Additional information on the Do Not Call Program, including a copy of the Program's Rule and Regulations, can be obtained from the TRA Webpage located at www.state.tn.us/tra. All questions regarding the information on this application should be referred to (615) 741-3939, ext. 200.